

RIGHT TO KNOW:

**Are alcohol labels giving consumers
the information they need?**



August 2017

SUMMARY

- The public have the right to know about the harms associated with alcohol, so they can make informed choices about their drinking.
- Earlier in 2017 the Alcohol Health Alliance reviewed the labels of 315 alcohol products across 27 UK locations to see what health information they provide.
- We found very little information being provided to consumers. Only 1 label out of 315 informed consumers of the low-risk weekly guideline of 14 units, 15 months after the guideline was announced. More labels carried the Republic of Ireland guideline than the UK guideline.
- Our research shows it is time that we move away from industry self-regulation of alcohol product labelling. Instead, we need mandatory labelling of all products to ensure they convey the information the public are entitled to.

WHY IS ALCOHOL PRODUCT LABELLING IMPORTANT?

Labelling of alcohol products has been shown to increase awareness of the harms associated with drinking.^{1 2} Alcohol is linked to over 200 diseases and injury conditions including cancer, heart disease and liver disease, and the public have the right to know about these harms, in order make informed choices about their drinking.

Worryingly, awareness of these harms is currently very low. AHA research has found that 82% of people are not aware of the alcohol guidelines³, and we know that only 1 in 10 people are aware of the link between alcohol and cancer.⁴

In 2016 the UK Chief Medical Officers (CMOs) updated the low risk drinking guidelines for adults taking account of the latest available evidence linking alcohol to a number of health conditions, notably cancer. Weekly guidelines were revised to 14 units for both men and women. The new guidelines were based on two principles⁵:

1. People have a right to accurate information and clear advice about alcohol and its health risks

¹ Wilkinson, C., Room, R. (2009). *Warnings on alcohol containers and advertisements: international experience and evidence on effects*. Drug and Alcohol Review 28(4):426-435. doi: 10.1111/j.1465- 3362.2009.00055.x 5.

² Agostinelli, G., Grube, J.W. (2002). *Alcohol counteradvertising and the media: A review of recent research*. Alcohol Research & Health 26(1): pp 15-21.

³ Alcohol Health Alliance public opinion polling – November 2016

⁴ Buykx, P., et. al., (2015). *An investigation of public knowledge of the link between alcohol and cancer*. University of Sheffield and Cancer Research UK. Available at:

https://www.cancerresearchuk.org/sites/default/files/an_investigation_of_public_knowledge_of_the_link_between_alcohol_and_cancer_buyk_x_et_al.pdf

⁵ UK Chief Medical Officers' Low Risk Drinking Guidelines (2016). Available at

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs_report.pdf

2. Government has a responsibility to ensure this information is provided for the public in a clear and open way, so they can make informed choices

The CMOs' expert report recommended that health warnings and consistent messaging appear on all alcohol advertising, products and sponsorship. The purpose of this report is to review what action has been taken by alcohol companies to inform consumers about the new drinking guidelines.

WHAT IS CURRENTLY ON ALCOHOL LABELS

There are currently few requirements for what should appear on alcohol product labels; alcohol producers, under a system of self-regulation, decide what to include.

To find out what is currently on labels, researchers visited supermarkets and off-licences in England, Wales and Scotland. In total, we reviewed 315 product labels across 27 locations.

In reviewing the labels we checked whether they include the following CMO drinking guidelines:

- Advice to stay within the low-risk weekly guideline of 14 units (for both men and women)
- Advice to spread out drinking across the week
- Health warnings of specific conditions like cancer, heart disease or liver disease
- Advice to have days without having a drink
- Advice that it is safest not to drink when pregnant or trying to become pregnant.

Having done the fieldwork, we found that **the vast majority of current alcohol labels are failing to communicate the alcohol guidelines and the harms associated with alcohol.** We found that:

- 15 months after the release of the current alcohol guidelines, only 1 of the 315 products reviewed informed customers of the weekly guideline of 14 units
- Where products referred to unit limits in the UK, they referred to out-of-date guidelines
- In fact, 7 products informed UK consumers of the Republic of Ireland unit guidelines
- No products contained health warnings of specific illnesses or diseases
- No products advised consumers to spread their drinking across the week, or have drink-free days
- However, nearly all products included a pregnancy warning.

The full results from the audit are in the appendix of this report.

This is very worrying news – with alcohol-related hospital admissions at record highs⁶ and alcohol-related cancers going up⁷, we desperately need to reduce the amount drunk in our society, and this can't happen if people are unaware of the harms linked with of alcohol.

⁶ Local Alcohol Profiles for England, 2015/16. Available at https://fingertips.phe.org.uk/documents/LAPE_Statistical_tables_for_England_250417.xlsx

⁷ Local Alcohol Profiles for England, 2015/16. Available at <https://fingertips.phe.org.uk/profile/local-alcohol-profiles/data#page/4/gid/1938132848/pat/6/par/E12000004/ati/102/are/E06000015/iid/92323/age/164/sex/4>

WHAT NEXT FOR ALCOHOL LABELLING?

The Department of Health (DH), in conjunction with representatives from the alcohol industry, has recently issued new guidance on how the alcohol guidelines should be communicated on labels.⁸

However, this report shows that the drinks industry has largely taken no action to update their product labels despite CMO recommendations. Given that the system of self-regulation remains in place for labelling, it is not clear that there would be any consequences for industry of not following the new guidance.

In addition, the alcohol industry does not have a good track record when it comes to self-regulation of product labelling. A review of previous industry pledges on labelling found that only 47% of labels met best-practice standards⁹, and these were standards the alcohol industry helped develop. Most recently, an independent review of the pledge made by the industry on providing calorie information about their drinks concluded that this pledge has not taken place to any significant extent.¹⁰

There are problems too with the DH guidance itself. For example, the guidance does not recommend that labels include health warnings about specific illnesses like cancer, even though the UK's Chief Medical Officers are clear that the public have the right to know about the harms associated with alcohol – not just guideline consumption levels.

Perhaps more concerning, the DH guidance recommends that labels direct people towards the alcohol industry-funded Drinkaware website when the World Health Organisation has stated categorically that the alcohol industry should not be involved in health promotion.¹¹ It would surely be more appropriate for the DH guidance to signpost consumers towards independent sources of health advice about alcohol. For example, people could be advised to search online for 'NHS Choices alcohol' to view the NHS's advice on alcohol. Alternatively, the public could be directed towards Public Health England's One You site, which provides tailored advice to the public on their alcohol consumption, or the NHS Inform website in Scotland.

⁸ Department of Health (2017). *Communicating the UK Chief Medical Officers' low risk drinking guidelines*. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602132/Communicating_2016_CMO_guidelines_Mar_17.pdf

⁹ Campden BRI (2014). *Audit of compliance of alcoholic beverage labels available from the off-trade with the Public Health Responsibility Deal Labelling Pledge*. Available at https://responsibilitydeal.dh.gov.uk/wp-content/uploads/2014/11/Campden-BRI_Audit-of-PHRD-labelling-compliance-2014- FINAL-report_October2014-final.pdf

¹⁰ Petticrew, M., et. al. (2017). *Provision of information to consumers about the calorie content of alcoholic drinks: did the Responsibility Deal pledge by alcohol retailers and producers increase the availability of calorie information?* Public Health. Available at [http://www.publichealthjrnal.com/article/S0033-3506\(17\)30167-1/fulltext](http://www.publichealthjrnal.com/article/S0033-3506(17)30167-1/fulltext)

¹¹ World Health Organization (2007). *WHO expert committee on problems related to alcohol consumption, Second report. WHO technical report series; no. 944*. Geneva: World Health Organization.

RECOMMENDATIONS

Mandatory product labelling

It is clear that current alcohol labels do not provide consumers with the information they need, and that the current system of industry self-regulation is not effective.

Instead, we need to introduce mandatory labelling of all alcohol products. This approach is supported by the public: our research has found that 86% of people in the UK support mandatory product labelling.

Such labels should include health information warning of the specific illnesses and diseases linked with alcohol, as well as advice to search the internet for independent sources of health advice such as 'NHS Choices alcohol', 'One You' or 'NHS Inform'. Labels should inform consumers of the number of units in a standard 175ml glass of wine, rather than a small 125ml glass of wine which is common practice, and the size, colour and position of text and symbols should be stipulated to ensure they are clear. Examples of what labels could look are below.

ALCOHOL CAN CAUSE ACCIDENTS AND INJURIES



2.2
UK Units

Per
175ml

9.4
UK Units

Search:
NHS Choices Alcohol

To keep short-term health risks low, limit the total amount of alcohol you drink on any single occasion

NOT DRINKING
IS HEALTHIER FOR
YOUNG PEOPLE



ALCOHOL CAN DAMAGE YOUR HEART



2.2
UK Units

Per
175ml

9.4
UK Units

Search: OneYou

To keep health risks from alcohol to a low level it is safest not to drink more than **14 UNITS** a week on a regular basis

DON'T DRINK AND DRIVE



ALCOHOL CAN CAUSE CANCER

To keep health risks from alcohol to a low level it is safest not to drink more than **14 UNITS** a week on a regular basis

It is safest to avoid alcohol when pregnant or trying to conceive

Search: OneYou Alcohol

Beyond labelling

As well as product labelling, more needs to be done to communicate the harms associated with alcohol to the public.

We believe that health information posters and displays should be rolled out in shops and supermarkets across the UK, as there is evidence that retail displays of this kind can be effective at reducing consumption.¹² Examples of what this point of sale material could look like are shown below.



¹² Cil, G. (2017). *Effects of posted point-of-sale warnings on alcohol consumption during pregnancy and on birth outcomes*. Journal of Health Economics 53: 131-155.

In addition, when announcing the revised alcohol guidelines in January 2016, the UK's Chief Medical Officers suggested the following initiatives, and we support all three:

- A programme of work communicating the guidelines to healthcare professionals, including the development of materials outlining the guidelines and the reasons behind them, which doctors can share with patients
- The development of government-backed public campaigns communicating the guidelines across traditional media, online and all other promotional media
- The inclusion of the guidelines on all alcohol adverts at a stipulated size. The Chief Medical Officers advised that sponsorship linked with alcohol should also carry the guidelines.

About the Alcohol Health Alliance:

The Alcohol Health Alliance UK (AHA) is a group of over 50 organisations including the Royal College of Physicians, Royal College of GPs, British Medical Association, Alcohol Concern and the Institute of Alcohol Studies.

Members of the AHA work together to:

- highlight the rising levels of alcohol-related health harm
- propose evidence-based solutions to reduce this harm
- influence decision-makers to take positive action to address the damage caused by alcohol.